

Office of Research and Best National Practices  
**PROJECT MANAGERS CHECKLIST FOR  
RESEARCH SERVICES**

**THIS REQUEST IS FOR** (Check all that apply)

NEW CONTRACT/ AUTHORIZATION		ADDITIONAL WORK/CHANGE IN SCOPE		ADDITIONAL MONEY	TIME EXTENSION
CONTRACT #				AUTHORIZATION #	RESEARCH #
JOB #	PHASE #	PCA CODE		INDEX CODE	OBJECT CODE

PROJECT TITLE

VENDOR/UNIVERSITY

PRINCIPAL INVESTIGATOR'S NAME			PHONE #	FAX #
MDOT PROJECT MANAGER'S NAME	REGION/TSC	MAILCODE	PHONE #	FAX #

**IF THIS REQUEST IS FOR A TIME EXTENSION:**

ORIGINAL START DATE	ORIGINAL ENDING DATE	ORIGINAL WORK DURATION IN MONTHS	NEW WORK DURATION IN MONTHS
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JUSTIFICATION FOR THE TIME EXTENSION: (Please send and Email the following documents to the Office of Research & National Best Practices: This form, completed, signed and dated, State Administration Board Agenda Questions Form 5304 (if project cost is over \$25,000), and SPR Part II History Report Form 5305.

**IF THIS REQUEST IS FOR ADDITIONAL MONEY:**

ORIGINAL TOTAL PROJECT COST	NEW TOTAL PROJECT COST
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WHAT ARE THE ESTIMATED COSTS BY FISCAL YEAR. START WITH THE CURRENT FISCAL YEAR (Please send and Email the following documents to the Office of Research & National Best Practices: This form, completed, signed and dated, State Administration Board Agenda Questions Form 5304 (if project cost is over \$25,000), revised proposal (work plan and budget), and SPR Part II History Report Form 5305.

AMOUNT TO BE SPENT BETWEEN 10/1/___ & 9/30/___	AMOUNT TO BE SPENT BETWEEN 10/1/___ & 9/30/___
AMOUNT TO BE SPENT BETWEEN 10/1/___ & 9/30/___	AMOUNT TO BE SPENT BETWEEN 10/1/___ & 9/30/___

**IF THIS IS A NEW CONTRACT/AUTHORIZATION** (Please send and Email the following documents to the Office of Research & National Best Practices: This form, completed, signed and dated, proposal (work plan and budget), and SPR Part II History Report Form 5305.

**Proposal Received – Verify the Following**

- Personnel – all labor reported as % of effort (none included in direct expenses)
- Sub consultants have submitted a derivation of cost (Sub contract will be required if greater than \$25,000)
- Special Equipment:
  - Verified equipment is necessary for the project
  - Verified equipment is dedicated to the use of this project
  - Verified equipment is prorated for the life of this project

Provide breakdown of direct expenses over \$2,000 This includes but is not limited to: Lab supplies, Travel expenses, Phone, Fax, Copying, etc.

Proposed budget is broken down by MDOT fiscal year.

MDOT should be able to determine how expenses were developed from the breakdown provided (ex: Mail –250 letters @ \$9/letter)

**Other Elements**

- Job number authorization amount has been verified in MFOS
- State Administration Board Questions Form 5305 has been emailed to Research Analyst

*State Ad Board Approval required for University Contracts or Authorizations in excess of \$25,000. This should not be considered a complete listing of SAB requirements. Check with the contract analyst for the most up to date rules.*

PROJECT MANAGER'S SIGNATURE	DATE
ENGINEER OF OFFICE OF RESEARCH & NATIONAL BEST PRACTICES	DATE